

Biomagnetic Pair Client Intake Form

Name:	
Best Phone Number to Reach You at:	
Email:	
List any current medical treatments:	
List any supplements and/or medications you are currently taking:	
Do you have any medical implants? If so, please list where and what:	
Have you had Chemotherapy the past 12 months? Will you receive Chemotherapy in the next 3 months?	
Are you pregnant?	
Have you tried other holistic treatments/approaches? If so, please list them whether they helped or not.	
Are you currently in any other treatment with a doctor? If so, please list any information you would like to share regarding the illness you're being treated for.	
Have you come back from traveling to a different part of the USA or other country feeling sick or just "off"? If so, what part of the USA or what country was it?	